Entry Name:Monroe County Public Library	
MUST be signed to participate!  The undersigned is the adult Program Participant, or is the parent or legal guardian of the Program Participant. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the Program Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Program Participant sustains an injury in the course of the program, and the City of Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the City of Bloomington Parks and Recreation Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Undersigned now releases the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity.	
I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.	
PRINT YOUR NAME	
Signature of participant:	Date:
Signature of parent (if under 18 years of age)	Date:
PRINT YOUR NAME	
Signature of participant:	Date:
Signature of parent (if under 18 years of age)	Date:
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PRINT YOUR NAME	
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Signature of parent (if under 18 years of age)	Date:
PRINT YOUR NAME	
Signature of participant:	Date:

Feel free to make additional copies as needed.

Signature of parent (if under 18 years of age) \_\_\_\_\_ Date: \_\_\_\_